No. 300
10.48

FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31185

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 45

340
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY ~~Douglas~~ Douglas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ava
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Douglas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ava 8340
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle)
c. (Last) Mayes

4. DATE OF DEATH (Month) (Day) (Year) 9-9-52

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /
8. DATE OF BIRTH 5-8-74
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (City and State or Foreign Country) Snedsville, Tenn. /
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Mayes
13b. MOTHER'S MAIDEN NAME Mary -------
14. NAME OF HUSBAND OR WIFE Maggie Mayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Lester H Mayes — ADDRESS Ava, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Coma — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Nephritis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Myocarditis — 6 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 592X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 3: P m., from the causes and on the date stated above.*

23a. SIGNATURE M. C. Gentry (Degree or title) MD
23b. ADDRESS Ava Mo
23c. DATE SIGNED 9-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-13-52
24c. NAME OF CEMETERY OR CREMATORY Ava
24d. LOCATION (City, town, or county) (State) Ava, Missouri

DATE REC'D BY LOCAL REG. Sept. 19-52
REGISTRAR'S SIGNATURE Vestal Bushman
25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home — ADDRESS Ava, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Charles R. Tirsh

Licensed Embalmer No. 4662

P. O. Address Ava, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.